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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Robert S. Kieval et al.

Serial No.: Unknown

Filing Date: September 26, 2001

For: STIMULUS REGIMENS FOR CARDIOVASCULAR REFLEX CONTROL

Docket No.: 1151.1104101

TRANSMITTAL SHEET

Box Patent Application

The Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

<p>CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : <u>EL855119735US</u> , in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this <u>26th</u> day of <u>September</u> , 2001.</p> <p>By <u>Jolene Alger</u> Jolene Alger</p>

We are transmitting herewith the attached Patent Application including the following:

- ☒ 59 sheets of specification.
- ☒ 25 claims.
- ☒ 1 sheet of Abstract.
- ☒ 25 sheets of informal drawings.
- ☒ Unexecuted Declaration and Power of Attorney.
- ☒ Applicant hereby claims small entity status under 37 C.F.R. 1.9 and/or 1.27.
- ☐ An Assignment of the invention to _____ is being filed contemporaneous with this patent application.
- ☐ A certified copy of a _____ application, serial no. _____, filed _____, 19__, the right of priority of which is claimed under 35 U.S.C. 119.

CLAIMS AS FILED


	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$355		\$710
TOTAL CLAIMS	25-20 =	5	x9=	\$ 45	x18=	\$
INDEPENDENT CLAIMS	5-3 =	2	X40=	\$ 80	X80=	\$
() MULTIPLE DEPENDENT CLAIM PRESENTED			+130=	\$	+260=	\$
TOTAL			\$480		\$	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[] Other _____.

[X] A check in the amount of \$ 480.00 is enclosed.

[XXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
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